



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

AF JMW

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	3	Attorney Docket Number	MVIS 97-05 C4
--	---	------------------------	---------------

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Microvision, Inc.		
Signature			
Printed name	Christopher A. Wiklof		
Date	December 5, 2005	Reg. No.	43,990

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kelli J. Endreson	Date	December 5, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number MVIS 97-05 C4																																				
<p>In re Application of Nenad Nestorovic et al</p> <table border="1"><tr><td>Application Number 10/765,008</td><td>Filed January 26, 2004</td></tr><tr><td colspan="2">For SCANNED BEAM DISPLAY</td></tr><tr><td>Group Art Unit 2878</td><td>Examiner Otilia Gabor</td></tr></table>			Application Number 10/765,008	Filed January 26, 2004	For SCANNED BEAM DISPLAY		Group Art Unit 2878	Examiner Otilia Gabor																														
Application Number 10/765,008	Filed January 26, 2004																																					
For SCANNED BEAM DISPLAY																																						
Group Art Unit 2878	Examiner Otilia Gabor																																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p>																																						
<p>The requested extension and appropriate small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td></tr><tr><td><input checked="" type="checkbox"/></td><td colspan="3">Applicant claims small entity status; therefore the fee due is <u>\$60</u>. See 37 CFR 1.27:</td></tr><tr><td><input type="checkbox"/></td><td colspan="3">A check in the amount of the fee is enclosed.</td></tr><tr><td><input type="checkbox"/></td><td colspan="3">The Director has already been authorized to charge fees in this application to a Deposit Account.</td></tr><tr><td><input checked="" type="checkbox"/></td><td colspan="3">The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0284</u>. I have enclosed a duplicate copy of this sheet.</td></tr></table>			<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	<input checked="" type="checkbox"/>	Applicant claims small entity status; therefore the fee due is <u>\$60</u> . See 37 CFR 1.27:			<input type="checkbox"/>	A check in the amount of the fee is enclosed.			<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.			<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0284</u> . I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60																																			
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225																																			
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510																																			
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795																																			
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080																																			
<input checked="" type="checkbox"/>	Applicant claims small entity status; therefore the fee due is <u>\$60</u> . See 37 CFR 1.27:																																					
<input type="checkbox"/>	A check in the amount of the fee is enclosed.																																					
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.																																					
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0284</u> . I have enclosed a duplicate copy of this sheet.																																					
I am the	<input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant/inventor <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34 _____																																					
December 5, 2005	 Christopher A. Wiklof Reg. No. 43,990																																					
Date	12/07/2005 ZUHARI 00000040 500284 10765008																																					
	01 FC:2251 60.00 DA																																					